

# ***STATEMENT OF***

*Daniel J. Crocker, State Director  
Of Veterans Service for the  
Department of Michigan  
Veterans of Foreign Wars of the United States*

# ***BEFORE THE***

*House Committee on Veterans Affairs  
and Homeland Security*

# ***WITH RESPECT TO***

*The Veterans of Foreign Wars  
Service Officers Advocacy Program*

Good afternoon Mr. Chairman, and members of the House Committee on Veteran Affairs and Homeland Security . My name is Daniel J. Crocker, Director of Veterans Services for the Veterans of Foreign Wars here in Michigan. Our office is located at the McNamara Federal Building adjacent to the VA Regional Office in downtown Detroit.

Since 1932, the Michigan State Legislature has partnered with the VFW as your agent to provide legal assistance to veterans, their dependents and survivors in presenting and representing claims to the Department of Veterans Affairs. For that, we, the VFW, and those we serve are forever grateful.

The Department of Veterans Affairs is charged with the sacred responsibility to administer the laws, provisions and regulations provided for by the United States Congress. As accredited and certified veterans advocates, it is our responsibility to ensure that they do just that. We are attorneys in fact, not law, and are required to have a firm understanding of all benefits administered by the Department of Veterans Affairs. We represent Generals and Privates, and yes, those in the political arena. We represent all veterans with no requirement for them to be a member of the Veterans of Foreign Wars to seek or secure our assistance. We specialize in all benefit programs within the Department of Veterans Affairs, and have been recognized by our own National organization as the premier Service Office in the Country.

In addition, we are mandated by our National organization to have sound medical knowledge of the human anatomy and physiology specifically as it relates to injuries and diseases suffered in the line of duty. All too often we find cases that the VA has denied due to agencies' inability to research the case thoroughly. For instance a Vietnam veteran who has been diagnosed with diabetes mellitus type II with a treatment regimented by a low concentrated sugar diet, exercise, weight loss, Acotes mg a day and Glucovance 1.25/20 would be entitled to a 20% evaluation. However, the veteran may also be suffering from other complications such as peripheral neuropathy, retinopathy, nephropathy, erectile dysfunction and a host of other conditions that are commonly overlooked by VA rating specialists.

In the event a case has been denied at the Detroit Regional Office, we are mandated to understand and aggressively advocate a claim through the appellate process through all channels that may eventually lead the Court of Appeals for Veterans Claims. The VFW is proud to say that we are one of only a few who actually has a member that has been admitted to practice before the Court.

Here in Michigan, we have a staff of seven field service officers, seven service officers at the Detroit Regional Office and a support staff of three. In 1997 under my direction, we moved our field operations out of local VFW posts throughout the state and found other venues to reach the untapped veteran population in our state. This included county and city offices, Community Out Based Clinics (CBOC's), community centers, and a host of others.

We have continued to reach out to those that are not in the mainstream veteran community by making numerous presentations at church groups, council on aging offices, UAW Halls, The Chosin' Reservoir organization meetings, college campuses, job fairs, and units that are returning and those deploying. We are currently working with General Motors here in Lansing to set up an employment referral exchange between the VFW and GM.

We have positioned ourselves to be on many strategic committees within the Department of Veterans Affairs to ensure that any changes that are being considered by the VA, the VFW will have first hand knowledge and have a opportunity to voice our opinion. We are sitting members of the Affiliated Partnerships Council of Detroit which consists of the Detroit VA Medical Center and Wayne State University, The Geriatric Research Educational and Clinical Center, Veterans Hospice & Palliative Care Committee, Capital Assessment and Realignment for Enhances Services (CARES), Stress and Aggression in the Workplace, a study by Wayne State University to determine why confrontation happens at VA Medical Centers and how to stop them before they get out of hand. We Chair The Greats Lakes National Cemetery Advisory Council, and have been Chairperson of the Sub Committees on Veterans Service Resolutions at our National Convention on several occasions. We have even served on the selection committee for VA Hospital Administrators in the Veterans Integrated Service Network 11.

As a result of our Advocate role, we have successfully had legislation enacted by Congress to eliminate the presumptive period of 30 years for those Vietnam Veterans suffering from lung cancer under 38 CFR 3.309 and the requirement that Government Headstones only be issue for the unmarked graves of veterans. We have current resolutions in place that would add melanoma to the list of conditions under the herbicide exposure.

Of the 55,278 cases with running awards at the Detroit Regional Office that are being represented by VSO's the VFW currently has 13,019 which is 24% of the total. Of 434 POW claims that benefits are being paid, 114 are represented by the VFW which is 26.3% of the total. Last year we reported a recovery of \$48.2 Million and saw an overall increase of 585 new claims on the compensation roles. In order to show an increase in our overall new claims, we not only have to replace a claimant that has been taken off the roles usually by death, but we have to get another one granted to show an increase. What this means is that we are filing literally thousands of cases to not only keep up, but move ahead of last year's totals. Last year we filed 3,978 new claims. That is 332 claims a month which accounts for a very busy workday.

From October 1, 2004 to March 10, 2005 we experienced 1,853 issues decided on 770 actual claims. 970 of the issue were grants, 208 were confirmed and continued as is, 627 were denials and 48 were deferred decisions pending examination. Based on previous case statistics of the 627 that were denied, over half will be appealed and approximately 20% of those will be granted at the Board of Veterans Appeals (BVA) in

Washington. D.C. Based on the previous stats, our grant rate for this period of time is 55.7% with cases at the VA Detroit Regional Office.

Which leads me to the ongoing investigation by the VA Inspector General's (VAIG) office regarding the average rate of disability compensation and why the states of Illinois, Connecticut, Indiana, Iowa, and Michigan have the lowest rates in the Nation. In January 2005, the Veterans of Foreign Wars National Veterans Service, in a proactive approach requested from me and my counterparts of the VFW from the other states in question, information on specific cases from October 1, 2004 to December 31, 2004. The objective is the same as the VAIG. To understand the demographics and to come to some type of resolution. This issue is not new to this state and we are trying to determine what has caused this situation. Is it the VA rating specialists – are they too stringent? Is it because we live in an industrialized state? Is it because when we win cases, the veteran heads south? Quite frankly, we don't know. Once the investigation has concluded, we will advise this committee and if corrective actions are needed, it will be welcomed by the VSO's here in Michigan.

Finally, as I review the make up of this committee, I find a common bond. Each member is from the eastern and southeastern part of the State, an area not serviced by a State Veterans Home. We have State homes in Marquette, and Grand Rapids, but in an area where the largest population of veterans resides in the State of Michigan, we find nothing. Former National Commander of the Disable American Veterans and current State Adjutant, Thomas McMasters for the DAV, has done extensive research on this issue and published an article in The Michigan Disabled Veteran Newspaper in the February issue. We are supplying each one of the committee a copy of Mr. McMasters' article. We encourage you to read it in its entirety and then assist us, the VSO community and your constituents, in establishing a State veterans' home in Southeastern Michigan.

In closing, it has been my pleasure to make this presentation on behalf of the Veterans of Foreign Wars Service Office. I want to personally thank each and every one of the committee members for what you do, and if there are any questions, I would be more than happy to try to answer them at this time.



**Thomas McMasters**

The state of Michigan has an organization called the Commanders Group. The Commanders Group is comprised of the commanders (or commandant or president), the adjutants (or executive directors), the service directors and the legislative chair people of the 12 Congressionally chartered veterans service organizations (VSOs). Every September, in time for the fall session of the state legislature, the Michigan Commanders Group develops legislative priorities. The list is comprised of the four or five issues that the VSOs in the state of Michigan determine as those issues that are most important and should be addressed in our discussions with the legislators as priorities.

This year's four-item list asks to increase funding for the state veterans' homes in Grand Rapids and Marquette, continuation of the grants for the VSO programs at current levels, to seek a new, permanent funding source for the Tuition Grant program and to create a new state veterans home in southeast Michigan.

#### **Déjà vu... all over again**

John McCullough, DAV Michigan State Commander 1987-88, spent a number of years before, during and after he was state commander proffering the idea of a state veterans home in southeast Michigan. John had identified an available building (a closed hospital in the Flint area), talked to anyone who would listen and had asked U.S. Representative Dale Kildee for some help convincing our state leaders of the need for a third veterans facility (state veterans home) in Michigan. In 1988 the State Senate offered legislation calling for the Michigan Veterans Trust Fund to do a feasibility study on the establishment of a state veterans' facility in the "thumb" area. This legislation died in the "State Government and Veterans" committee.

It seemed to be a pretty rational argument. The majority of the state's veteran population is in southeast Michigan. The "thumb" area (Congressman Kildee's district at that time) had over 110,000 veterans with about 20,000 over the age of 65. Both the Grand Rapids and the Marquette facilities had waiting lists. Veterans and their families from southeast Michigan were not considering these facilities

## State veterans home needed in southeast Michigan

*by Thomas McMasters, State adjutant*

for assisted living or nursing home care because of the distances from southeast Michigan to either facility. This was also at a time when the available nursing care beds were well below levels needed to serve the state's population.

#### **...And now**

Establishing a new veterans home in southeast Michigan will be a monumental task. The main objection that we need to overcome is that it will cost the state money. The federal government, namely the Department of Veterans' Affairs (VA) provides grants to states to establish, build, and remodel state veterans homes. Besides, staying at a Michigan veterans' home is not free. There are three funding sources that the state homes rely on, the VA, the state general fund and the individual residents based on the residents' assets and income. Roughly a third of their funding is derived from each source.

Another argument is the perception that the veteran population has decreased dramatically. Yes, we are losing our World War II veterans, but in 1988 when John McCullough was State commander, we had 27 million veterans in the United States. Today, even after losing many of our World War II veterans that number now stands at greater than 25 million. Estimates from the VA are that the number of veterans treated at VA medical centers in the Veterans Integrated Service Network 11 (VISN 11) which takes in all of Michigan's Lower Peninsula, the northwest corner of Ohio, the majority of Indiana and a small area of Illinois will increase until the year 2008. In the year 2022 VISN 11 estimates that it will still be treating more veterans (about 1.3 percent) than they are treating currently.

There are roughly 900,000 veterans in the state of Michigan. More than 400,000 reside in southeast Michigan. This was one of the arguments used to build the Great Lakes National Cemetery in Holly.

#### **More arguments**

One argument that we'll hear is that Michigan doesn't need another veterans home the size of Grand Rapids. The southeast Michigan Veterans Home doesn't have to be the size of the Grand Rapids' 750-bed operation. It can be closer to the size of Marquette's Jacobetti facility. The state could lease a building built specifically as a nursing home. I can think of two such facilities in Macomb County that would be ideal for a veterans' home, both designed for less than 300 residents and both operating as nursing homes at this time.

Michigan established the veterans' homes in 1885 as a

benefit for those who served their country in her time of need. They certainly aren't warehouses for old veterans. These homes are much more than a nursing home. They provide levels of care from domiciliary to acute care nursing. Most of all these veterans' homes are just that... the veteran's home.

The staff and volunteers at the homes provide wonderful programs, activities and therapies for the members that live there. Both the Grand Rapids home and the Marquette home have outstanding Alzheimer treatment programs that treat the members with dignity and respect, providing members with the autonomy to continue functioning at their capabilities.

#### **Beyond the numbers**

Last May, two veterans' wives asked for a few minutes of time at the Commanders Group meeting. They gave a short presentation of why there is a need for a state veterans home in southeast Michigan. One of the veterans was in the Grand Rapids Home and his wife was making frequent trips to Grand Rapids to visit him. The trip was very difficult in the winter. The trip is becoming increasingly difficult as she gets older.

The other wife placed her husband in a nursing home in the Detroit area. She had considered placing him in the Grand Rapids home, but knew that she wouldn't be able to spend each day with him if he was there. Neither woman is a professional lobbyist. They don't work for the healthcare industry or the state government. They are simply citizens, veterans' spouses, asking the same questions that have been asked for many years. They provide the warmth and humanity that the numbers cannot.

Here it is, 2005, and many veterans cannot utilize this benefit our state provides just because of the location of these homes. As our veterans get older and are in need of these services, their family, their spouses, are also getting older. The need for a veterans' home in southeast Michigan is even greater.

#### **Back to the numbers**

Even though Michigan has more than 900,000 veterans; even though more than 400,000 of them reside in southeast Michigan; and even though the Michigan Veterans homes usually have a list of veterans and their spouses (who are also eligible) waiting to get in, the Michigan Veterans Homes only have space for a little over a 1,000 veterans.

We need a state veterans home in southeast Michigan. It should have been in operation in 1988. The need is apparent. The "numbers" support it. It's time to convince our state government to take action!